

RECEIVED  
CENTRAL FAX CENTER

JUN 12 2006

PROSKAUER ROSE LLP

1001 Pennsylvania Avenue, NW  
Suite 400 South  
Washington DC 20004-2533  
Telephone 202.416.6800  
Fax 202.416.6899

NEW YORK  
LOS ANGELES  
BOSTON  
BOCA RATON  
NEWARK  
NEW ORLEANS  
PARIS

Date June 12, 2006 Attorney Docket No. 16114:E (73434-003US)

**Fax Transmittal**

Total Pages (Including Cover) 34

From David W. Laub

Sender's Voice Number 202.416.5847

Sender's Room Number DC

Sender's Email Address dlaub@proskauer.com

Main Fax Number 202.416.6899

To: U.S. PATENT & TRADEMARK OFFICE

Fax No.: 571-273-8300

Message

**OFFICIAL COMMUNICATION**

RE: U.S. Application No. 09/196,680  
Filing Date: November 20, 1998  
First Named Inventor: Stephen J. MEYER, et al.  
Art Unit: 3752  
Examiner: Kim, C.

**SUBMITTED PAPERS:**

- CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8 FORM PTO/SB/97 (1 page)
- TRANSMITTAL FORM (1 page)
- FEE TRANSMITTAL (1 page)
- REQUEST FOR CONTINUED EXAMINATION (RCE TRANSMITTAL) (1 page)
- PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (1 page)
- AMENDMENT AND REQUEST FOR RECONSIDERATION UNDER 37 CFR 1.116 (28 pages)

**Confidentiality Note:** This message is confidential and intended only for the use of the addressee(s) named above. It may contain legally privileged material. Dissemination, distribution or copying of this message, other than by such addressee(s), is strictly prohibited. If you have received this message in error, please immediately notify us by telephone and return the original to us at the address above. We will reimburse you for the cost of the telephone call and postage. Thank you.

7700/73434-003 Current/8417550v1

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB: 0851-0031

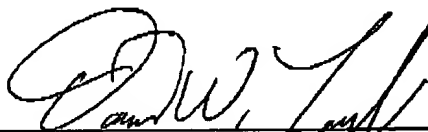
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on June 12, 2006  
Date



Signature

DAVID W. LAUB

Typed or printed name of person signing Certificate

38,708

Registration Number, if applicable

202-416-6800

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

**IDENTIFIED SUBMITTED PAPERS RE: APPLN NO. 09/196,680:**

- TRANSMITTAL FORM PTO/SB/21 (1 page)
- FEE TRANSMITTAL FORM PTO/SB/17 (1 page)
- REQUEST FOR CONTINUED EXAMINATION (RCE TRANSMITTAL)(1 page)
- PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (1 page)
- AMENDMENT AND REQUEST FOR RECONSIDERATION UNDER 37 CFR 1.116 (28 pages)

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

7700/73434-003 Current/8517545v1

# TRANSMITTAL FORM

Application Serial Number	09/196,680
Filing Date	November 20, 1998
First Named Inventor	Stephen J. MEYER, et al.
Group Art Unit	3752
Examiner Name	Kim. C.
Attorney Docket No.	16114:E
Patent No.	Not applicable
Issue Date	Not applicable

RECEIVED  
CENTRAL FAX CENTER  
JUN 12 2008

## ENCLOSURES (check all that apply)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><input checked="" type="checkbox"/> Petition for Extension of Time (3 months)<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><input type="checkbox"/> Formal Drawing(s)<br><input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate)<br><input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)<br><input type="checkbox"/> Status Inquiry<br><input type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## CORRESPONDENCE ADDRESS


Direct all correspondence to:

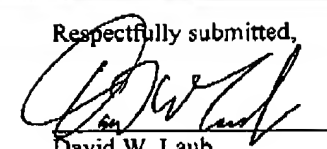
Tyco Engineered Products & Services  
 9 Roszel Road  
 Princeton, N.J. 08540  
 Tel. No.: (609) 806-2938  
 Fax No.: (609) 806-2951  
 CUSTOMER NO: 60708

## SIGNATURE BLOCK

Date: June 12, 2006  
 Reg. No.: 38,708  
 Tel. No.: (202) 416-6800  
 Fax No.: (202) 416-6899

Respectfully submitted:

  
 David W. Laub  
 Attorney for the Applicant(s)  
 Proskauer Rose LLP  
 1001 Pennsylvania Ave., N.W.  
 Suite 400  
 Washington, D.C. 20004

FEE TRANSMITTAL FY 2006				Complete if Known																																																																																									
				Application Serial No.	09/196,680																																																																																								
				Filing Date	November 20, 1998																																																																																								
				First Named Inventor	Stephen J. MEYER et al.																																																																																								
				Group No.	3752																																																																																								
				Examiner Name	Kim, C...																																																																																								
				Confirmation No.	9428																																																																																								
<b>METHOD OF PAYMENT</b>				<b>FEE CALCULATION (continued)</b>																																																																																									
<input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other				<b>4. ADDITIONAL FEES</b>																																																																																									
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840 <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.				<div style="float: right; text-align: left;"> <b>RECEIVED</b>  <b>CENTRAL FAX CENTER</b>  <b>JUN 12 2006</b> </div>																																																																																									
<input type="checkbox"/> Applicant claims small entity status.				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte re-examination</td> <td></td> </tr> <tr> <td>120</td> <td>60</td> <td>Extension for reply within 1<sup>st</sup> mo.</td> <td></td> </tr> <tr> <td>450</td> <td>225</td> <td>Extension for reply within 2<sup>nd</sup> mo.</td> <td></td> </tr> <tr> <td>1,020</td> <td>510</td> <td>Extension for reply within 3<sup>rd</sup> mo.</td> <td>1,020.00</td> </tr> <tr> <td>1,590</td> <td>795</td> <td>Extension for reply within 4<sup>th</sup> mo.</td> <td></td> </tr> <tr> <td>2,160</td> <td>1,080</td> <td>Extension for reply within 5<sup>th</sup> mo.</td> <td></td> </tr> <tr> <td>500</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>500</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1,000</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>400</td> <td>0</td> <td>Petitions to the Director</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of IDS</td> <td></td> </tr> <tr> <td>790</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>790</td> <td>395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>100</td> <td>100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td>130</td> <td>65</td> <td>Submission of Terminal Disclaimer</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Other fee (Specify) <u>RCE (Request Continued Examination)</u></td> <td>790.00</td> </tr> <tr> <td colspan="2"></td> <td>Other fee (Specify) _____</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>4. TOTAL:</b></td> <td></td> <td><b>1,810.00</b></td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte re-examination		120	60	Extension for reply within 1 <sup>st</sup> mo.		450	225	Extension for reply within 2 <sup>nd</sup> mo.		1,020	510	Extension for reply within 3 <sup>rd</sup> mo.	1,020.00	1,590	795	Extension for reply within 4 <sup>th</sup> mo.		2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.		500	250	Notice of Appeal		500	250	Filing a brief in support of an appeal		1,000	500	Request for oral hearing		400	0	Petitions to the Director		180	180	Submission of IDS		790	395	Filing a submission after final rejection (37 CFR 1.129(a))		790	395	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		130	65	Submission of Terminal Disclaimer				Other fee (Specify) <u>RCE (Request Continued Examination)</u>	790.00			Other fee (Specify) _____		<b>4. TOTAL:</b>			<b>1,810.00</b>
Large Entity	Small Entity	Fee Description	Fee Paid																																																																																										
130	65	Surcharge - late filing fee or oath																																																																																											
50	25	Surcharge - late provisional filing fee or cover sheet																																																																																											
130	130	Non-English specification																																																																																											
2,520	2,520	Request for ex parte re-examination																																																																																											
120	60	Extension for reply within 1 <sup>st</sup> mo.																																																																																											
450	225	Extension for reply within 2 <sup>nd</sup> mo.																																																																																											
1,020	510	Extension for reply within 3 <sup>rd</sup> mo.	1,020.00																																																																																										
1,590	795	Extension for reply within 4 <sup>th</sup> mo.																																																																																											
2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.																																																																																											
500	250	Notice of Appeal																																																																																											
500	250	Filing a brief in support of an appeal																																																																																											
1,000	500	Request for oral hearing																																																																																											
400	0	Petitions to the Director																																																																																											
180	180	Submission of IDS																																																																																											
790	395	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																											
790	395	For each additional invention to be examined (37 CFR 1.129(b))																																																																																											
100	100	Certificate of Correction for applicant's error																																																																																											
130	65	Submission of Terminal Disclaimer																																																																																											
		Other fee (Specify) <u>RCE (Request Continued Examination)</u>	790.00																																																																																										
		Other fee (Specify) _____																																																																																											
<b>4. TOTAL:</b>			<b>1,810.00</b>																																																																																										
<b>FEE CALCULATION</b>																																																																																													
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																																																																													
Application Type	Filing	Search	Examination	Fee Paid																																																																																									
Utility	300	500	200																																																																																										
Design	200	100	130																																																																																										
Plant	200	300	160																																																																																										
Reissue	300	500	600																																																																																										
Provisional	200	0	0																																																																																										
<i>Small Entity Discount</i>																																																																																													
<b>1. TOTAL</b>																																																																																													
<b>2. EXCESS CLAIM FEES</b>																																																																																													
		Fee	Small Entity Fee (\$)																																																																																										
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25																																																																																										
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.		200	100																																																																																										
Total Claims	Extra Claims	Fee Paid (\$)																																																																																											
68	18																																																																																												
- 69 or HP = _____ x \$ _____ = _____																																																																																													
HP = highest number of total claims paid for, if greater than 20																																																																																													
Indep. Claims	Extra Claims	x	Fee Paid (\$)																																																																																										
15	2	5,200.00	400.00																																																																																										
- 13 or HP = _____ = _____																																																																																													
HP = highest number of total claims paid for, if greater than 3																																																																																													
Multiple Dependent Claims	Fee (\$)	Small Entity fee (\$)	Fee Paid (\$)																																																																																										
	360	180																																																																																											
<b>2. TOTAL:</b>				<b>400.00</b>																																																																																									
<b>3. APPLICATION SIZE FEE</b>																																																																																													
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																																																													
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid																																																																																									
-100=	0	/50=	round up to a whole number x	=	0.00																																																																																								
<b>3. TOTAL:</b>																																																																																													
<b>CORRESPONDENCE ADDRESS</b>																																																																																													
Direct all correspondence to: Tyco Engineered Products & Services 9 Roszel Road Princeton, N.J. 08540 Tel. No.: (609)806-2938 Fax No.: (609) 806-2951 CUSTOMER NO: 60708																																																																																													
				<b>SIGNATURE BLOCK</b>  Respectfully submitted,  Date: June 12, 2006 Reg. No.: 38,708 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899 David W. Laub Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W., #400 Washington, D.C. 20004																																																																																									
<b>TOTAL AMOUNT SUBMITTED</b>				<b>( \$ ) 2,210.00</b>																																																																																									